

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Item # 27 by aff. of Funeral Director

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1284 63-049365

VS 300
Rev. 4/59

1
2 32
3
4 2
5 1
6
7 1
8 2
9
10
11
12 75-0
13

DATE AMENDED
12-27-63

Father Dickson Cemetery

BYRD
USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF
Father Dickson Cemetery

Greenwood Cemetery

DOCUMENT

BY AFFIDAVIT OF Fun. Director

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSP#1.</u>		d. STREET ADDRESS (If outside, give location) <u>2121 Division Apt 306</u>	
3. NAME OF DECEASED (Type or print) <u>ODELL DAY</u>		4. DATE OF DEATH Month <u>DEC.</u> Day <u>23</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/26/44</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>For the Age Jewish Center</u>	
11a. FATHER'S NAME <u>James Orchard</u>		11b. MOTHER'S MAIDEN NAME <u>Dorothy Day</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		13. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Testis</u> DUE TO (b) <u>Transitional cell carcinoma @ kidney</u> DUE TO (c) <u>180X</u>		15. NAME OF HUSBAND OR WIFE <u>Hattie Mae Day</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>12</u> a.m. <u>5</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>12/5/63</u> to <u>12/23/63</u> and last saw her/him alive on <u>12/23/63</u> Death occurred at <u>9A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <u>1515 LAFAYETTE AVE</u>	
22a. SIGNATURE <u>Walter E. Byrd M.D.</u>		22c. DATE SIGNED <u>12/23/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Dec 30, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>
24. FUNERAL DIRECTOR <u>E. B. Kanne</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 26 1963</u>	
26. REGISTERAR'S SIGNATURE <u>Paul Smith M.D.</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Michael Blackburn

Licensed Embalmer No.

3967

P. O. Address

221 N. Grand Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.